

28 MAY 2024

MH/ PRINT / 0007 / BILL / FO

Mr. MUTHU.M
 27 / Male / MHV202402836
 27/05/2024 / IPV2024000425
 Patient Name **Dr. SUBURAYAN**
 IP No. 

ILLING CARD

28 MAY 2024

D.O.A. 27/05/24 Time 3-00 PM

Room No. Single Room Non Ac-315Rent Per Day 1.400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/5/24	08:30pm	ER	ward-315	SIN 10/128

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

28/5/2024	ESR, CRP, Platelet (3081)
28/5/2024	LFT, Dengue IgG, IgM (3090)

[illegible]

[illegible]